

Synopsis of Regulations Concerning Respiratory Protection

California Code of Regulations (CCR) Section 6739

Effective January 1, 2008

This regulation was adopted by the California Department of Pesticide Regulation to bring respirator requirements for pesticides in line with Federal OSHA requirements for other industries. This synopsis is intended to help pesticide users identify areas where their respirator program needs to be updated. The full regulation should be consulted and can be found at www.cdpr.ca.gov under "Regulations" in the Quick Finder.

Contents:

- Section 1 – Introduction
- Section 2 – Medical Evaluation
- Section 3 – Written Respiratory Protection Program
- Section 4 – Fit Testing
- Section 5 – Voluntary Respirator Provision
- Section 6 – Forms

Section 1 - Introduction

- A. If employees handling pesticides wear a respirator because it is required by the label or employer, you will need:
 - Medical Evaluation
 - Written Respiratory Protection Program
 - Specific Fit Testing (for tight-fitting facepiece respirators only)
- B. If employees handling pesticides wear a respirator because they feel safer but it is not required by label or employer, you will need to:
 - Post information in CCR 6739 (r)
 - If employer supplied (except dust-mask type), must have:
 - Medical Evaluation
 - Minimal written program (see section 5)

Section 2 - Medical Evaluation

- Must be completed before an employee is required to use a respirator or fit tested to wear a tight-fitting facepiece respirator.
- Employer must find a physician or other licensed health care professional (PLHCP) to perform the medical evaluations
 - Definition: "PLHCP" means an individual whose legally permitted scope of practice allows him or her to independently provide, or be delegated

the responsibility to provide, some or all of the health care services required by these regulations.

- Employer can have the employee visit a PLHCP and get cleared for respirator use OR have the employee complete the following questionnaire process.
- Administrator must ask employee if they can read and understand the questionnaire
 - If not, the employer must provide a copy of the questionnaire in a language understood by the employee or a confidential reader.
 - Definition: “Confidential reader” is a person chosen by the employee: Can be a coworker, friend, family or independent translator. Cannot be the employer or the employer’s direct agent i.e. Supervisor, manager, secretary, foreman.
- Employer must allow the employee to complete the questionnaire during normal working hours and tell the employee how to deliver/send it to the PLHCP.
- The employer shall ensure that a follow-up medical exam is provided when a PLHCP determines the need for one.
 - It shall include any medical tests, consultations, or diagnostic procedures that the PLHCP deems necessary for final determination.
- The employer shall provide the employee the opportunity to discuss the questionnaire and results with the PLHCP.
- The employer must provide the following information to the PLHCP:
 - 1) The type and weight of the respirator to be used
 - 2) The duration and frequency of use
 - 3) The expected physical work effort
 - 4) Additional protective clothing and equipment to be worn
 - 5) Temperature and humidity extremes that may be encountered
 - 6) A copy of the written respiratory protection program
 - 7) A copy of this code section
- The employer shall obtain a written medical recommendation from the PLHCP regarding the employee’s ability to use the respirator.
 - A copy must be provided to the employee
 - Must be retained by employer for as long as the employee uses a respirator and for 3 years after the employee stops wearing a respirator
- Additional medical evaluations are needed only when a substantial change occurs in workplace conditions or the employee or administrator feels a reevaluation is necessary.

Section 3 - Written Respiratory Protection Program

In any workplace where respirators are required by label, restricted material permit condition, regulation or employer, a written respiratory protection program with work site-specific procedures must be established. This must include, as applicable:

- Procedures for selecting respirators i.e. label requirement, company policy etc.
 - Must be NIOSH certified
 - Must provide sufficient number of respirator models and sizes to get a good fit
 - Fumigant-confining structures shall be considered Immediately Dangerous to Life or Health (IDLH) until proven not to be by the appropriate test device.
 - Employer must provide a self-contained breathing apparatus (SCBA) with a minimum service life of 30 minutes
- Procedures to ensure adequate air quality (SCBA)
- Procedures and schedules for cleaning, disinfecting, storing, inspecting, repairing, discarding and otherwise maintaining respirators. Employer shall ensure:
 - That respirators are cleaned and disinfected using the manufacturer's recommendations.
 - Respirators used for multiple employees are cleaned and disinfected after each use.
 - Respirators are stored to prevent deformation and are protected from damage, dust, sunlight, etc.
- Procedures for evaluation the effectiveness of the program:
 - Employer shall periodically check the respirators to ensure they are being properly maintained and stored.
 - The employer shall annually consult with employees to identify any problems
 - Must document employee's name, date and findings
- Employee training must be conducted before a respirator is worn and at least annually thereafter. Training must include:
 - Information on respiratory hazards to which they are potentially exposed to
 - The limitations and capabilities of the respirator
 - The proper use of the respirator, including putting on and removing, limitations in their use and maintenance
 - All records must be retained for at least 3 years.

Section 4 - Fit Testing

- All employees that are required to use a tight-fitting facepiece respirator must be fit tested prior to use
- A new test is required when a new style, model or make of respirator is used, or when physical changes occur in the employee that may affect fit and at least annually thereafter.
- Specific tests must now be conducted (must choose one):
 - Qualitative
 - Iso-amyl acetate test (“Banana oil”)
 - Saccharin test
 - Bitrex ® test
 - Irritant smoke test
 - Quantitative
 - Generated Aerosol
 - Condensation Nuclei Counter (PortaCount)
 - Controlled Negative Pressure (Dynatech FitTester 3000)
- All Records must be retained for as long as the employee uses a respirator and for 3 years after the employee stops wearing a respirator including:
 - Employee’s name or identification
 - Type of fit test performed
 - Specific make, model, style, and size of respirator tested
 - Date of test
 - Pass/fail results

Section 5 - Voluntary Respirator Provision

An employer may provide respirators at the request of employees or permit employees to use their own respirators for use on a voluntary basis, if the employer determines that such respirator use will not in itself create a hazard.

- Must post information in CCR 6739 subsection (r) and display it next to Pesticide Safety Information Series leaflet A-8 or N-8.
- If Employer-supplied, must:
 - Establish and implement the provisions of a written respiratory protection program necessary to ensure:
 - Employee is medically able to use the respirator
 - Questionnaire or medically cleared if using a tight-fitting facepiece respirator
 - Respirator is cleaned, stored and maintained so that its use does not present a health hazard to the user.
- Voluntary use of NIOSH approved filtering facepieces (resemble dust masks): Only need to post CCR 6739 subsection (r). No written training program or medical evaluation needed.

Respirator Fit Test Record

ID Number: _____ Date of Test: _____

Employee Last Name: _____

Employee First Name: _____

Age: _____ Sex: _____

Trainer: _____

Respirator Name: _____ Size/Type: _____

Tests Used:

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(This form provides a basic example of the information that may be recorded on a fit test record. Other data recording methods that record the same basic information are acceptable.)

Medical Evaluation Questionnaire

ATTENTION: HEALTH CARE PROVIDERS & EMPLOYERS

The medical evaluation questionnaire is covered by HIPAA regulations and is NOT to be returned to the employer.

The employer is NOT to review, copy, or retain the employees' completed questionnaires!

The completion of this form, or a form substantially equivalent and acceptable to the DEPARTMENT OF PESTICIDE REGULATION, by each respirator wearing employee; and the review of the completed form by a physician or licensed health care provider, is mandatory for all employees whose work activities require the wearing of respiratory protection.

The medical evaluation questionnaire shall be administered in a manner that ensures that the employee understands and documents its content. The person administering the questionnaire shall offer to read or explain any part of the questionnaire to the employee in a language and manner the employee understands. After giving the employee the questionnaire, the person administering the questionnaire shall ask the following question of the employee: "Can you read and complete this questionnaire?" If the answer is affirmative, the employee shall be allowed to confidentially complete the questionnaire. If the answer is negative, the employer must provide either a copy of the questionnaire in a language understood by the employee or a confidential reader, in the primarily understood language of the employee.

To the employee:

Can you read (circle): Yes/No (*This question to be asked orally by employer. If yes, employee may continue with answering form. If no, employer must provide a confidential reader, in the primarily understood language of the employee.*)

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Section 1. (Mandatory, no variance in this format allowed) Every employee who has been selected to use any type of respirator must provide the following information (please print):

1. Today's date: ____/____/____

2. Your name: _____

3. Your age: _____

4. Sex (circle one): Male/Female

5. Your height: _____ ft. _____ in.

6. Your weight: _____ lbs.

7. Your job title: _____

8. How can you be reached by the health care professional who reviews this questionnaire?

9. If by phone, the best time to call is Morning/Afternoon/Evening/Night at:
(include the area code): _____ - _____ - _____

10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No

11. Check the type of respirator you will use (you can check more than one category):

- a. N, R, or P disposable respirator (filter-mask, noncartridge type only).
- b. Half-face respirator (particulate or vapor filtering or both)
- c. Full-face respirator (particulate or vapor filtering or both)
- d. Powered air purifying respirator (PAPR)
- e. Self contained breathing apparatus (SCBA)
- f. Supplied air respirator (SAR)
- g. Other

12. Have you worn a respirator (circle one): Yes/No

If "yes," what type(s):

- a. N, R, or P disposable respirator (filter-mask, noncartridge type only).
- b. Half-face respirator (particulate or vapor filtering or both)
- c. Full-face respirator (particulate or vapor filtering or both)
- d. Powered air purifying respirator (PAPR)
- e. Self contained breathing apparatus (SCBA)
- f. Supplied air respirator (SAR)
- g. Other

Section 2. (Mandatory) Every employee who has been selected to use any type of respirator must answer questions 1 through 8 below (please circle "yes" or "no").

1. Do you currently smoke tobacco or have you smoked tobacco in the last month: Yes/No

2. Have you ever had any of the following conditions?

- a. Seizures (fits): Yes/No
- b. Allergic reactions that interfere with your breathing: Yes/No
- c. Claustrophobia (fear of closed-in places): Yes/No
- d. Trouble smelling odors: Yes/No/Do not know
- e. Diabetes (sugar disease): Yes/No/Do not know

3. Have you ever had any of the following pulmonary or lung problems?

- a. Asbestosis: Yes/No
- b. Asthma: Yes/No
- c. Chronic bronchitis: Yes/No
- d. Emphysema: Yes/No
- e. Pneumonia: Yes/No
- f. Tuberculosis: Yes/No
- g. Silicosis: Yes/No
- h. Pneumothorax (collapsed lung): Yes/No
- i. Lung cancer: Yes/No
- j. Broken ribs: Yes/No
- k. Any chest injuries or surgeries: Yes/No
- l. Any other lung problem that you have been told about: Yes/No

4. Do you currently have any of the following symptoms of pulmonary or lung illness?

- a. Shortness of breath: Yes/No
- b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
- c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
- d. Have to stop for breath when walking at your own pace on level ground: Yes/No
- e. Shortness of breath when washing or dressing yourself: Yes/No
- f. Shortness of breath that interferes with your job: Yes/No
- g. Coughing that produces phlegm (thick sputum): Yes/No
- h. Coughing that wakes you early in the morning: Yes/No
- i. Coughing that occurs mostly when you are lying down: Yes/No
- j. Coughing up blood in the last month: Yes/No
- k. Wheezing: Yes/No
- l. Wheezing that interferes with your job: Yes/No
- m. Chest pain when you breathe deeply: Yes/No
- n. Any other symptoms that you think may be related to lung problems: Yes/No

5. Have you ever had any of the following cardiovascular or heart problems?

- a. Heart attack: Yes/No
- b. Stroke: Yes/No
- c. Angina (pain in chest): Yes/No
- d. Heart failure: Yes/No
- e. Swelling in your legs or feet (not caused by walking): Yes/No
- f. Irregular heart beat (an arrhythmia): Yes/No/Do not know.
- g. High blood pressure: Yes/No/Do not know
- h. Any other heart problem that you have been told about: Yes/No

6. Have you ever had any of the following cardiovascular or heart symptoms?

- a. Frequent pain or tightness in your chest: Yes/No
- b. Pain or tightness in your chest during physical activity: Yes/No
- c. Pain or tightness in your chest that interferes with your job: Yes/No
- d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
- e. Heartburn or indigestion that is not related to eating: Yes/No
- f. Any other symptoms that you think may be related to heart or circulation problems: Yes/No

7. Do you currently take medication for any of the following problems?

- a. Breathing or lung problems: Yes/No
- b. Heart trouble: Yes/No
- c. Blood pressure: Yes/No
- d. Seizures (fits): Yes/No

8. If you have used a respirator, have you ever had any of the following problems?

(If you have never used a respirator, check the following space and go to question 9: _____)

- a. Eye irritation: Yes/No
- b. Skin allergies or rashes: Yes/No
- c. Anxiety: Yes/No
- d. General weakness or fatigue: Yes/No

- e. Breathing difficulty: Yes/No
- f. Any other problem that interferes with your use of a respirator: Yes/No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10-15 must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering this question is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently): Yes/No

11. Do you currently have any of the following vision problems?

- a. Wear contact lenses: Yes/No
- b. Wear glasses: Yes/No
- c. Color blind: Yes/No
- d. Any other eye or vision problem: Yes/No

12. Have you ever had an injury to your ears, including a broken ear drum: Yes/No

13. Do you currently have any of the following hearing problems?

- a. Difficulty hearing: Yes/No
- b. Wear a hearing aid: Yes/No
- c. Any other hearing or ear problem: Yes/No

14. Have you ever had a back injury: Yes/No

15. Do you currently have any of the following musculoskeletal problems?

- a. Weakness in any of your arms, hands, legs, or feet: Yes/No
- b. Back pain: Yes/No
- c. Difficulty fully moving your arms and legs: Yes/No
- d. Pain and stiffness when you lean forward or backward at the waist: Yes/No
- e. Difficulty fully moving your head up or down: Yes/No
- f. Difficulty fully moving your head side to side: Yes/No
- g. Difficulty bending at your knees: Yes/No
- h. Difficulty squatting to the ground: Yes/No
- i. Difficulty climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
- j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

At the discretion of the PLHCP, if further information is required to ascertain the employee's health status and suitability for wearing respiratory protection, the PLHPC may include and require the questionnaire found in Title 8, California Code of Regulations, section 5144, Appendix C, Part B, Questions 1-19.

Medical Recommendation Form

On _____, I evaluated _____.
Date Patient's name

At this time there (are)/(are not) medical contraindications to the employee named above wearing a respirator while working in potential pesticide exposure environments. The patient (does)/(does not) require further medical evaluation at this time. Any restrictions to wearing a respirator or to the type of respiratory protection are given below.

I have provided the above-named patient with a copy of this form.

Physician

Date

Voluntary Respirator Use Posting

To be displayed next to PSIS leaflet A-8 or N-8

[6739 Subsection (r) posting]

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and follow all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designated to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.
5. Air filtering respirators **DO NOT SUPPLY OXYGEN**. Do not use in situations where the oxygen levels are questionable or unknown.